

STATE OF ILLINOIS



ILLINOIS COMMERCE COMMISSION

527 East Capitol Avenue, Springfield, IL 62701

CHANGE OF ADDRESS

ILCC MC # _____

Legal Name of Carrier: _____

DBA: _____

Old Address:

Street Address: _____

City: _____ State: _____ Zip: _____

New Physical Address: *(Physical location of business; post office boxes are not acceptable.)*

Street Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax _____

New Mailing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Submitted By: _____

Title: _____

Date: _____

?? Mail to the address on the letterhead (Attention TISC)

?? Or fax to: (217) 785-1448